

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814



January 22, 1976

ALL-COUNTY LETTER NO. 76-15

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: EMERGENCY LOAN CLAIMS

REFERENCE: ALL-COUNTY LETTER NO. 75-82

This is to provide you with revised fiscal instructions for Emergency Loan Claims. These instructions apply to the January 1976 claims (due February 11, 1976) and all subsequent claims.

Form EL 800 has been revised for reporting transactions for the current year and two prior fiscal years. If it should become necessary to claim transactions for a greater number of prior fiscal years, please include the amounts with those for the second prior fiscal year and make an appropriate note on the Summary Report. The fiscal year is determined by the month and year in which the loan is issued. There are no changes in the required coding, nor in the Aid Payroll (Contra Roll); however, items reported will have to be accumulated and totaled by appropriate fiscal year. The breakdown by fiscal year has become necessary in order to assure the availability of funds to the greatest degree possible. Claims submitted for July through December 1975 will be identified to Fiscal Year by DBP. This information will be forwarded for your records.

The revised forms will be forwarded to you under separate cover. If there are any questions, please contact Willa Wallen or Vicki Smith at 916/445-7046.

Sincerely,

A handwritten signature in cursive script, appearing to read 'G. Adams'.

GARY G. ADAMS
Deputy Director

Attachment

cc: CWDA

Submit to: DEPARTMENT OF BENEFIT PAYMENTS
CLAIMS AUDIT AND CONTROL BUREAU
744 P STREET, M.S. 19-15
SACRAMENTO, CALIFORNIA 95814

SUMMARY REPORT OF UNCOLLECTED LOANS
(For Claiming Against the Emergency Revolving Fund)

FOR STATE USE

☐ DBP ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY

DATE (MONTH, YEAR)

FISCAL YEAR 19 _____ (Second prior Fiscal Year)

Uncollected Emergency Loans \$ _____

Abatements \$ (_____)

Amount of Reimbursement to County \$ _____

FISCAL YEAR 19 _____ (First Prior Fiscal Year)

Uncollected Emergency Loans \$ _____

Abatements \$ (_____)

Amount of Reimbursement to County \$ _____

CURRENT FISCAL YEAR

Uncollected Emergency Loans \$ _____

Abatements \$ (_____)

Amount of Reimbursement to County \$ _____

Total Uncollected Emergency Loans \$ _____

Total Abatements \$ (_____)

Total Amount of Reimbursement to County \$ _____

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Emergency Loans in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the uncollected loans and abatements reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Department of Benefit Payments.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with law and the rules and regulations of the State Department of Benefit Payments.

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE